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## ADULT AIRWAY OBSTRUCTION

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### FIELD ASSESSMENT/TREATMENT INDICATORS

Universal sign of distress  
Alteration in respiratory effort and/or signs of obstruction  
Altered level of consciousness

### BLS INTERVENTION - RESPONSIVE

1. Assess for ability to speak or cough (e.g. "Are you choking?")
2. If unable to speak, administer abdominal thrusts/Heimlich maneuver or chest thrusts for pregnant or obese patients until the obstruction is relieved or patient becomes unconscious.
3. After obstruction is relieved, reassess and maintain ABC's
4. Administer oxygen therapy, if capable obtain O<sub>2</sub> saturation, per Protocol Reference #4036 Pulse Oximetry.
5. If responsive, place in position of comfort. If uninjured but unresponsive with adequate respirations and pulse, place on side in recovery position.

### BLS INTERVENTION - UNRESPONSIVE

1. Position patient supine (for suspected trauma, maintain in-line axial spinal stabilization).
2. Open airway with, head tilt-chin lift (for suspected trauma use jaw thrust). Remove object if visible. Assess for presence and/or effectiveness of respiration for no more than 10 seconds.
3. If apneic, attempt 2 ventilations with bag-valve mask. If no chest rise, reposition airway and reattempt.
4. If apneic and able to ventilate, provide 1 breath every 5 to 6 seconds.
5. If unable to ventilate, check for pulse then initiate CPR according to AHA 2005 guidelines and check for pulse every 2 minutes until obstruction is relieved or able to ventilate.
6. If available, place AED per Protocol Reference #6301 AED.

### ALS INTERVENTION – UNRESPONSIVE

1. If apneic, and able to ventilate, establish advanced airway.
2. If obstruction persists, visualize with laryngoscope and remove visible foreign body with Magill forceps and attempt to ventilate.
3. If obstruction persists and unable to ventilate, consider Needle Cricothyrotomy per Protocol Reference #4030 Needle Cricothyrotomy.

APPROVED:

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ICEMA Medical Director Date

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Inyo & Mono Co. Health Officer Date

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ICEMA Executive Director Date